

Driver Training School Instructor Course Approval Request

School name			
School street address			
City	State Washington	ZIP code	County
Instructor's name		Teacher certificate number	Expiration date
Instructor's mailing address			(Area code) Telephone number
City	State Washington	ZIP code	County
Street address of course location			
City	State Washington	ZIP code	County
Course date(s)		Course time(s)	
Number of instruction hours _____ Classroom (Not less than 40 hours. See the subject list at WAC 308-108-090 (2)(b)(iii)) _____ Instruction in behind-the-wheel teaching methods (minimum 50 hours) _____ Supervised practice behind-the-wheel teaching of driving techniques (minimum 10 hours) _____ Other _____ Total hours (must total 100 hours per WAC 308-108-090)			
Student name <i>(Last, First, Middle)</i> Attach additional sheets if necessary		Driver license number	Proposed teaching location

Requested by **X** _____
 Signature of school owner or designee Date

Mail completed request to:

**Driver Training Schools
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030**

FOR DEPARTMENT USE ONLY	
Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Program manager or designee Date X